

# In the Court of Appeals of the State of Alaska

**Rosalinda M Ainza,**  
Appellant,

v.

**State of Alaska,**  
Appellee.

Court of Appeals No. **A-13106**

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **3/2/2022**

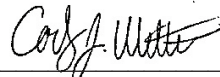
Trial Court Case No. **1JU-15-01056CR**

Unless you or the prosecutor objects by **4/15/2022** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

| Type of Appellate Proceeding                                       | Misdemeanor | Felony       |
|--|-------------|--------------|
| Combined Merit and Sentence Appeal or Petition for Sentence Review | 1,000       | <b>2,000</b> |

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts



Carly Williams, Deputy Clerk

cc: Rosalinda Ainza  
2150 A Glacier Hwy.  
Juneau AK, 99801

Distribution:

Email:  
Jura, Emily L., Public Defender  
Wendlandt, Diane L.

# In the Court of Appeals of the State of Alaska

**Rosalinda M Ainza,**

Appellant,

v.

**State of Alaska,**

Appellee.

Court of Appeals No. **A-13106**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **3/2/2022**

Trial Court Case No. **1JU-15-01056CR**

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Sentence Appeal
  - ☐ Combined Merit Appeal and Petition for Sentence Review
  - ☐ Petition for Sentence Review
  - ☐ Petition for Hearing
  - ☐ Merit Appeal
  - ☐ Petition for Review
  - ☐ Appeal from Post-Conviction Relief Proceeding
  - ☐ Original Application
  - ☐ Combined Merit and Sentence Appeal
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant/Petitioner's Daytime Phone

\_\_\_\_\_  
Appellant/Petitioner's Signature

\_\_\_\_\_  
Appellant/Petitioner's Mailing Address    City                      State                      Zip

Mailed to State's Attorney on: \_\_\_\_\_ (Date)